

Rec'd PCT/PTO 03 JAN 2005

PTO/SB/01 (08-03)

Approved for use through 07/31/2006: OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	37488.00400US
	First Named Inventor	Jensen-Jarolim, et al.
	COMPLETE IF KNOWN	
	Application Number	Not Yet Assigned
	Filing Date	January 15, 2003
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Oral Vaccination

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) January 15, 2003 as United States Application Number or PCT International

Application Number PCT/EP2003/00369 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
02000901.5	EP	15/01/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1 02 59 053.2	DE	17/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 4)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Einar Stole, Ph. D.</b> c/o Milbank, Tweed, Hadley & McCloy LLP			
Address <b>International Square Building</b> <b>1825 Eye Street, N.W., Suite 1100</b>			
City <b>Washington</b>	State <b>D.C.</b>	ZIP <b>20006</b>	
Country <b>U.S.A.</b>	Telephone <b>(202) 835-7500</b>	Fax <b>(202) 835-7586</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Jensen-Jarolim</b>		Family Name or Surname <b>Erika</b>	
Inventor's Signature <i>Erika Jensen-Jarolim</i>		Date	
Residence: City <b>Vienna</b>	State	Country <b>AT</b>	Citizenship <b>AT</b>
Mailing Address <b>Arbeiterstrandbadstrasse 38</b>			
City <b>Vienna</b>	State	ZIP <b>A-1210</b>	Country <b>AT</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Scheiner</b>		Family Name or Surname <b>Otto</b>	
Inventor's Signature <i>Otto Scheiner</i>		Date <b>07/28/04</b>	
Residence: City <b>Perchtoldsdorf</b>	State	Country <b>AT</b>	Citizenship <b>AT</b>
Mailing Address <b>Petersbachgasse 12b</b>			
City <b>Perchtoldsdorf</b>	State	ZIP <b>A-2380</b>	Country <b>AT</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			


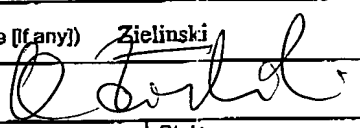
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Name <b>Einar Stole, Ph. D.</b> c/o Milbank, Tweed, Hadley & McCloy LLP			
Address <b>International Square Building</b> <b>1825 Eye Street, N.W., Suite 1100</b>			
City <b>Washington</b>		State <b>D.C.</b>	ZIP <b>20006</b>
Country <b>U.S.A.</b>	Telephone <b>(202) 835-7500</b>	Fax <b>(202) 835-7586</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Pehamberger</b>		Family Name or Surname <b>Hubert</b>	
Inventor's Signature 		Date	
Residence: City <b>Vienna</b>	State	Country <b>AT</b>	Citizenship <b>AT</b>
Mailing Address <b>Schwinglgasse 20</b>			
City <b>Vienna</b>	State	ZIP <b>A-1230</b>	Country <b>AT</b>
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Zielinski</b>		Family Name or Surname <b>Christoph</b>	
Inventor's Signature 		Date	
Residence: City <b>Vienna</b>	State	Country <b>AT</b>	Citizenship <b>AT</b>
Mailing Address <b>Dr. Heinrich Maierstrasse 20</b>			
City <b>Vienna</b>	State	ZIP <b>A-1180</b>	Country <b>AT</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION — Utility or Design Patent Application**

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Name <b>Einar Stole, Ph. D.</b> c/o Milbank, Tweed, Hadley & McCloy LLP			
Address <b>International Square Building</b> <b>1825 Eye Street, N.W., Suite 1100</b>			
City <b>Washington</b>		State <b>D.C.</b>	ZIP <b>20006</b>
Country <b>U.S.A.</b>	Telephone <b>(202) 835-7500</b>	Fax <b>(202) 835-7586</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Breiteneder</b>		Family Name or Surname <b>Heimo</b>	
Inventor's Signature <i>[Signature]</i>		Date	
Residence: City <b>Vienna</b>	State	Country <b>AT</b>	Citizenship <b>AT</b>
Mailing Address <b>Kandlgasse 9/23</b>			
City <b>Vicnna</b>	State	ZIP <b>A-1070</b>	Country <b>AT</b>
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Assigned
Filing Date	January 15, 2003
First Named Inventor	Erika Jensen-Jarolim
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	37488-00400US

I hereby appoint:

☒ Practitioners at Customer Number

38647

OR

☐ Practitioner(s) named below:

Name	Registration Number

Place Customer  
 Number Bar Code  
 Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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38647

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☐ Firm or  
 Individual Name

Einar Stole, Ph.D

Address Milbank, Tweed Hadley &amp; McCloy LLP

Address 1825 Eye Street, NW, Suite 1100

City Washington State DC ZIP 20006

Country United States

Telephone (202) 835-7500 Fax (202) 835-7586

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name BIO LIFE SCIENCE FORSCHUNGS UND ENTWICKLUNGSGES. M.B.H.

Signature 

Date 24.07.2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
 Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/66 (08-03)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Jensen-Jarolim, et al.Application No./Patent No.: Not Yet Assigned Filed/Issue Date: January 15, 2003Entitled: Oral VaccinationBio Life Science Forschungs- und Entwicklungsges m.b.H. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
In the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

25.07.2004  
Date+43 1 404005103  
Telephone numberBIO LIFE SCIENCE

Typed or printed name

[Signature]  
SignatureROBERT SCHNEIDERMANAGING DIRECTOR

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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